

Eileen Murphree McMillin Blood  
Center Request and Permission  
For Autologous Transfusion

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**ATTENTION PHYSICIAN**

In order for your patient to be handled  
in the most expedient manner, please  
book the patient's surgery and have  
your patient pre-register with  
Registration prior to donation.

It is requested that the following patient  
have \_\_\_\_\_ unit(s) of blood drawn for  
Autologous transfusion. This procedure  
has been discussed with the patient  
and he/she is in agreement.

Date: \_\_\_\_\_

Signature of  
Physician: \_\_\_\_\_

**Patient Information:**

Name: \_\_\_\_\_

Hospital: \_\_\_\_\_

Hospital #: \_\_\_\_\_

Diagnosis: \_\_\_\_\_

Date of  
Surgery: \_\_\_\_\_

Surgical  
Procedure: \_\_\_\_\_

Other Medical  
Conditions: \_\_\_\_\_